

**Certified Instructor Status
Exemption for In-House Instruction**
Michigan Department of Labor & Economic Growth
Bureau of Construction Codes & Fire Safety
Office of Fire Fighter Training
P.O. Box 30700, Lansing, MI 48909
Telephone: 517-373-7981 Fax: 517-335-4061

Authority: 1966 PA 291

To maintain certified instructor status, a certified instructor must teach in an OFFT registered course or serve as FFI and/or II test evaluator within the previous three (3) year period or he or she shall be placed on probationary status and notified in writing.

Exemption: A certified instructor who teaches only within his or her fire department; or a certified instructor in a large fire department who may no longer instruct but is the Officer in Charge of Training, may be exempted from the requirements as stated in the above paragraph.

To be considered for the exemption described above, a certified instructor, who is a fire department member, must notify the OFFT of his or her position title and instructional activity for the 12 month period ending the previous September 30. **Both** the certified instructor and fire chief or designee must sign and date this form. It is the responsibility of the certified instructor to complete and submit this form to the Office of Fire Fighter Training. Requests for exemption are due annually and must be postmarked no later than December 31.

Instructor Information

Check the type of exemption being requested:			
Officer in Charge of Training		In-House Instruction	
LAST NAME	FIRST NAME	MIDDLE INITIAL	SOCIAL SECURITY NUMBER*
POSITION TITLE	FIRE DEPARTMENT / STATION NAME		FDID NUMBER

Instructional Activity

Subject	Date	Start Time	End Time	Contact Hours	Indicate Method of Delivery	# of Students
					Lecture Practical	
					Lecture Practical	
					Lecture Practical	
					Lecture Practical	
					Lecture Practical	
					Lecture Practical	
					Lecture Practical	
					Lecture Practical	

Certification and Signature

I certify the information provided is true and accurate to the best of my knowledge.		
NAME OF CERTIFIED INSTRUCTOR (PRINT)	CERTIFIED INSTRUCTOR'S SIGNATURE	DATE

Fire Chief or Designee Signature

To the best of my knowledge, the information submitted by the above certified instructor is true and accurate and I recommend OFFT approval.		
NAME OF FIRE CHIEF OR DESIGNEE	SIGNATURE OF FIRE CHIEF OR DESIGNEE	DATE

Do not write below this line - For OFFT use only

APPROVED BY	DATE APPROVED
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The Department of Labor & Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

*This information is confidential. Disclosure of confidential information is protected by the Federal Privacy Act.

Instructions for Certified Instructor Status, Exemption for In-House Instruction

Electronic Completion - This form may be completed electronically and printed. In order to save your completed form, you must have the full version of Adobe Acrobat.

General Information

- The BCCFS-257 Certified Instructor Statue, Exemption for In-House Instruction form is required to report position title and instructional activity to be considered for exemption.
- Illegible or incomplete forms will be returned.

Instructor Information

- Type of Exemption Being Requested: Check appropriate box to indicate the type of exemption being requested.
- Certified instructor's personal information: Enter certified instructor's name, social security number, position title, fire department name, and FDID number.

Instructional Activity (Use additional sheets if necessary)

- Subject: Enter the subject taught; or the subject facilitated if the Officer in Charge of Training.
- Date: Enter the date the subject was taught or facilitated.
- Start Time: Enter the start time for the training session.
- End Time: Enter the end time of the training session.
- Contact Hours: Enter the total contact hours of the training session.
- Lecture or Practical Sessions: Indicate the method of delivery.
- Number of Students: Enter the number of students who completed the **entire** training session.

Deadline: It is the responsibility of the certified instructor to complete and submit this form to the Office of Fire Fighter Training. This request form covers the 12 month period ending the September 30 previous to the date submitted. This request form is due annually and must be postmarked no later than December 31.

Mail or fax completed form to:

Bureau of Construction Codes & Fire Safety
Office of Fire Fighter Training
Attn: Testing and Certification Technician
P.O. Box 30700
Lansing, MI 48909

Fax: 517-335-4061